

HTA Database Canadian Repository. University of York Centre for Reviews and Dissemination, University of York, York, YO10 5DD, United Kingdom; <<http://www.crd.york.ac.uk/PanHTA/>>; +44.0.1904.321040; free.

Librarians, informationists, researchers, health policymakers, and health care professionals retrieve reports of health technology assessments (HTAs) to review the evidence on medical, socioeconomic, and ethical implications of health care and health care investments [1]. These assessments are a useful type of gray literature that include cost-benefit analyses of health interventions, syntheses of intervention research findings, and discussion of the economic implications of health care and medical technology [2]. The HTA Database Canadian Repository is a new, valuable tool that aggregates these assessments and makes them findable via a convenient search interface.

This international repository includes records for in-progress and published reports of HTAs, reviews, guidelines, protocols, journals, and articles. Launched in January of 2015, the database includes records beginning in 2003. The HTA Database is funded by the United Kingdom's National Institute for Health Research (NIHR) and administered by the University of York Centre for Reviews and Dissemination. The Canadian repository aggregates HTA records from Ontario, Quebec, Alberta, and pan-Canadian agencies (CADTH) in addition

to records from the International Network of Agencies for Health Technology Assessment (INAHTA). The database includes reports from 93 INAHTA and other international repositories [3]. All records and documents are translated into English, French, and/or Spanish, representing about 20 source languages. As of May 2015, the Canadian repository contains over 14,000 unique records; approximately 2,400 are Canadian.

Canadian search interface

The Canadian interface for the HTA Database is free for noncommercial use [4]. The basic search can include title, full text, province, author, agency, and funder. Additional options allow the user to limit searches to Canadian databases, Canadian and international HTA databases, the Database of Abstracts of Reviews of Effects (DARE), Cochrane reviews, and the National Health Service Economic Evaluation Database (NHS EED) of assessed economic evaluations. While items in the DARE and NHS EED databases are critically appraised—in other words, reviewed for trustworthiness, value, and contextual relevance—items in the HTA database are not. However, if a critical appraisal exists, it is linked with the HTA database record [1]. Other search criteria include record date, publication year, and Medical Subject Headings (MeSH) term search. While search text can be truncated and wildcards accepted, special characters, such as the German umlaut, are not. Search results include year—although it is unclear if this indicates publication or record year—source database, source agency, and title. Although additional metadata exist for each

record, search queries are limited to the basic metadata only. The Boolean operators AND, OR, and NOT are available, as well as the proximity operators NEAR and ADJ. Using proximity operators and restricting searches to specific fields (e.g., author [:au], title [:ti], language [:lp], source journal [:so], and funding [xfu]) are particularly helpful when performing advanced, full-text, and keyword searches.

The MeSH terminology search is also helpful, if not ideal. MeSH terms can be searched by string (permut), stemming, or tree criteria, but combinations of terms cannot be selected for post-coordinated searching by index concept. Terms selected for searching are not visible in the interface for review or modification; using the interface can be frustrating when executing a high volume of advanced or expert searches. Also, terms cannot be exploded, and MeSH terms are not accompanied by MeSH tree numbers. This is significant for content and keyword analysis, because the tree number indicates the context of the MeSH term. Overall, the MeSH terminology search will not hinder basic or advanced terminology searches but may hinder expert searches. Records can be exported in hypertext markup language (HTML) format; however, downloading full-text reports, when available, must be done one-by-one on a case-by-case basis.

Metadata

Each record notes the title, agency location, publisher, year of publication, publication type, agency-assigned MeSH terms, HTA accession number, language, source database, and uniform resource locator (URL), along with other

metadata. Some metadata are unique to the database from which they derive. For example, metadata vary in records from DARE, NHS EED, or HTA. Conformity of metadata is primarily applied when agencies upload records and input their metadata through the HTA interface.

Considerations and advantages

For record inclusion, the HTA Database has an “extremely flexible definition of what constitutes a health technology assessment,” which, although potentially beneficial to a variety of users, does not provide a reliable description of publications included in the database [3]. As a result, the database also contains records such as protocols for systematic reviews and care guidelines. Also, documentation is incomplete for metadata fields and database coverage, and there are no descriptions of governance policies. For example, in reviewing a sample of records, we found that not all metadata fields include the same type of information; however, this was a minor occurrence. As a final note, records appear to be added weekly, but since agencies add content on a voluntary basis, frequency of updates varies.

The HTA Database Canadian repository and its interface will be helpful to librarians who support HTA investigators and policy-makers, as well as patrons interested in assessments of health and health technologies. This new resource facilitates information retrieval and research and may reduce costly duplication of effort by enabling queries of both Canadian and international databases via one search interface. Additionally, the search interface enables discovery of gray literature that is

otherwise unavailable or subject to purchase. Although its interface does not support expert searching, the superior aggregation of content makes the HTA Database Canadian Repository a valuable resource.

Ashleigh Faith, MLIS, CRM, ashleigh.faith@sae.org, SAE International, Warrendale, PA, and School of Information Sciences, University of Pittsburgh, Pittsburgh, PA; Tanja Bekhuis, PhD, MS, MLIS, AHIP, tcb24@pitt.edu, Department of Biomedical Informatics, School of Medicine, and Dental Public Health, School of Dental Medicine, University of Pittsburgh, Pittsburgh, PA

REFERENCES

1. International Network of Agencies for Health Technology Assessment. NIHR-HTA database [Internet]. The Network [cited 18 Mar 2015]. <<http://www.inahta.org/hta-tools-resources/database/>>.
2. O'Reilly D. Evidence-based decision-making 3: health technology assessment. In: Parfrey P, ed. Clinical epidemiology practice and methods. 2nd ed. New York, NY: Springer Protocols; 2015. p. 417–41.
3. Canadian Agency for Drugs and Technologies in Health. HTA database: Canadian search interface: background and key messages [Internet]. The Agency [cited 18 Mar 2015]. <http://www.cadth.ca/media/pdf/pan_canadian/HTA-Pan-Canadian-Key-Messages-en.pdf>.
4. University of York. Legal statements [Internet]. The University [cited 18 Mar 2015]. <www.york.ac.uk/about/legal-statements/#tab-3>.

DOI: <http://dx.doi.org/10.3163/1536-5050.103.4.021>